

RCRIS UNIVERSE MAINTENANCE FORM

EPA ID

PA 00000008672

Facility Name

Gateway Industrial Service

Source: N A (S) E

Notification Date

2/28/96

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	2	R	
Transporter			
TSD			
Burner			
HWF Market to Blender		HWF Other Market	HWF Burner
OSO Market to Burner		OSO Other Market	OSO Burner
SO ACT:			
Burner Type: Utility Boiler		Industrial Boiler	Furnace
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air Rail Highway Water			
Other			

CW
3/27/96

Process Code Information
Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
<p>Date to Data Entry <u>MAR 2 1996</u></p> <p>Batch Number <u>2-28</u></p> <p>Date QAd <u>3/27/96</u></p>	

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable				3-Not Determined				4-Non-Compliance			
Status				REQUIREMENT								Citation			
1	2	3	4									40 CFR Part 268			
1				Generators											
1				Notification sent with shipments of wastes that do not meet treatment standards.								7(a)(1)			
1				Notification and certification sent with shipments of wastes meeting treatment standards.								7(a)(2)			
1				Dilution not used as a substitute for treatment.								3			
1				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.								7(a)(5), (a)(6)			
	2			Storage Facilities											
	1			Facility verifies generators classification of waste in accordance with waste analysis plan.								25 Pa Code 265.13(c)			
	1			Containers marked to identify contents and accumulation date.								50(a)(2)			
	1			Notification sent with shipments of wastes that do not meet treatment standards.								7(a)(1)			
	1			Notification and certification sent with shipments of wastes meeting treatment standards.								7(a)(2)			
	1			Facility maintains records of documents produced pursuant to LDR requirements.								7(a)(6)			
	1			Treatment Facilities, including PBR and RRR Facilities											
	1			Dilution not used as a substitute for treatment.								3			
	1			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.								7(b)			
	1			Certification and/or notification sent with shipments of waste.								7(b)(4), (b)(5), (b)(6)			
	1			Land Disposal Facilities											
	1			Facility tests wastes received to assure compliance with applicable treatment standards.								7(c)(2)			
	1			Facility land disposes of restricted waste only if it meets applicable treatment standard.								40			
	2			Facility retains copies of generator notifications and certifications.								7(c)(1)			

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 28 FEBRUARY 1996 Identification Number PA0000008672
Company/Facility/Site Name GATEWAY INDUSTRIAL SERVICE

THIS FACILITY IS PRESENTLY LISTED AS A LARGE QUANTITY GENERATOR OF HAZARDOUS WASTE WITH THE USEPA. IN FACT, THE FACILITY IS A SMALL QUANTITY GENERATOR, I.E. < 1000 Kg / MONTH OF HAZARDOUS WASTE. THE FACILITY SHOULD RE-NOTIFY WITH THE USEPA OF THEIR ACTUAL GENERATOR STATUS.

THE FACILITY GENERATES WASTE SOLVENT (M.E.K.) AND PAINT WASTES IN THE PRODUCTION LINE. STEEL DRUMS ARE SANDBLASTED AND PAINTED ON-SITE. RESIDUAL WASTE OF PAINT FILTERS AND USED SANDBLAST ARE GENERATED AS A RESULT OF THIS PROCESS.

IT IS RECOMMENDED THAT SIGNAGE INDICATING "HAZARDOUS WASTE STORAGE AREA" AND "KEEP DRUMS CLOSED AT ALL TIMES" BE PUT IN THE HAZARDOUS WASTE STORAGE AREA WHICH IS LOCATED BENEATH THE BRIDGE. FURTHERMORE, THE FACILITY SHOULD ENSURE THAT DRUMS HAVE HAZARDOUS WASTE LABELS AND ACCUMULATION DATES WRITTEN ON SAID LABELS AT ALL TIMES.

NO VIOLATIONS WERE NOTED DURING THE INSPECTION.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Date

2/28/96

Inspector (signature)

Date

28 February 1996

WASTE MANAGEMENT

COUNTY: _____

FEB 29 1996

CITY: _____

CODE: _____

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

SEP 15 1991

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification

(Complete this form)

C. Installation's EPA ID Number

PA00000008672

II. Name of Installation (Include Company and Branch Site Name)

GATEWAY INDUSTRIAL SERVICES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

805 HARRISON ST

Street (continued)

City or Town

ALLEN TOWN

State

ZIP Code

PA

18103-3189

County Code

County Name

LEHIGH

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

SWAB

GARY

Job Title

Phone Number (area code and number)

MATERIALS MGR

215-433-2100

VI. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box

Location Mailing



SAME

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ALLEN TOWN REDEVELOPMENT AUTHORITY

Street, P.O. Box, or Route Number

905 HARRISON ST

City or Town

State

ZIP Code

ALLEN TOWN

PA

18103-

Phone Number (area code and number)

Land Type

Owner Type

D. Change of Owner

(Date Changed)

215-770-1015

C

C

Indicator

Yes No

Month

Day

Year

EPA Form 8700-12 For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer, or Installation Note: A permit is required for this activity. See Instructions. <input type="checkbox"/> 4. Hazardous Waste Burner <input type="checkbox"/> a. Generator Marking to Burner <input type="checkbox"/> b. Other Markers <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 5. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marking to Burner <input type="checkbox"/> b. Other Markers <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> Specification Used Oil Fuel Markers (for On-site Burner) Who First Claims the Oil Meets the Specification	<input type="checkbox"/> 6. Other

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Sally E. Swale</i>	Name and Official Title (type or print) MATERIALS MANAGER	Date Signed 9-2-93
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XI. Comments

RR. 10/4/93

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
PA0000003672

INSTALLATION ADDRESS

GATEWAY INDUSTRIAL SVC
805 HARRISON ST
ALLENTOWN , PA 181033189
GARY SWAB MATERIALS MGR

805 HARRISON ST
ALLENTOWN , PA 181033189